

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09788159

FILING DATE 02/16/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7	1						
8		1					
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50							
TOTAL IND.	3						
TOTAL DEP.	9		↔	↔	↔		
TOTAL CLAIMS	12						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↔	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS